No.2221

## PART B - FEE(S) TRANSMITTAL.

cte and send this form, together with applicable (ec(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FIE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance unders and notification of maintenance fees will be mailed to the current correspondence address an indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications,
CORRENT CORRESS/MIDICAS: ADDRESS [Note: Legibly material with any conscious or the Original Corrections of the Original Corrections or the Original Corrections of the Original Corrections of the Original Corrections or the Original Corrections of the Original Correction Corrections of the Original Correcti 22470 7590 08/12/2003

HAYNES BEFFEL & WOLFELD LLP P O BOX 366 HALF MOON BAY, CA 94019

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s). Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Malling or Transmission.

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sup Bromaghim Prorrag/in October 2003 (ilate)

1						
1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	08/923,612	09/04/1997	SETHURAMAN SURFSH	SF/0014.01	2793	

TITLE OF INVENTION: SYSTEM AND METHODS FOR SYNCHRONIZING INFORMATION AMONG DISPARATE DATASHTS

APPEN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	so	-3660 (HA)	. 11/12/2003
EXAMI	INER	ARTUNIF	CIASS-SUBCLASS		
CHANNAVALIAL	A. SRIRAMA T	2177	707-206000		•
Change of corresponder CFR 1.363).	nce address or indication o	· ·	2. For printing on the patent from the names of up to 3 registered p	pateni atiomeys	T J. BEFFEL,
Q Change of correspond Address form PTO/SB/1	lence address (or Change of 22) attached.	Correspondence	or agents OR, alternatively, (2) single firm (having as a memb	er a registered TM INC.	S, BEFFEL &
Tree Address* indicate PTO/SB/47; Rev 03-02 Number is required.	ion (or "Fee Address" Indic or more secent) attached. L	se of a Customer	attorney or agent) and the nam registered patent attorneys or age is listed, no name will be printed.	es of up to 2 2—WOL-FE nts. If no name	<del></del>
. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE P	ATENT (print or type)		
PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE	THE OWN COST TO BE 13 DESIGNATION OF	committee ouest scharate c	appear on the patent. Inclusion of over. Completion of this form is NIOENCE: [CITY and STATE OR	U i a substitute for filing an assi	te when an assignment l gnment,
STARFISH SOF	TWARE, INC.		SCOTTS VALLEY, CA	•	•
lease check the appropriate	e assignee category or categ	paries (will not be printed o	on the patent)	Occuparation or other private g	roup entity. O poverno
u. The following fuc(s) are	enclosed:	4b. Payır	ent of Fee(s):		
XX			k in the amount of the fee(s) is one	lused.	
U Publication Fec U Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of C	opies/O	XXThe Co Deposit /	nominissioner is hereby authorized to Account Number 50-0554	y charge the required fee(s), or of this	credit any overpayment,
ommissioner for Patents is	requested to apply the last	E Fee and Publication Fee	(if any) or to re-apply any previou	usly paid issue fee to the applicat	ion identified about
	#43 400	- 10 n=			35
_ Countill	301108 Vi	Ernest J. Bet	tel, Jr.		8
interest as shown by the rec	a registered attorney or a cords of the United States I	gent; or the assignee or of latent and Trademark Office	other party in lee.		500554
implication. Confidentiality stimated to take 12 minut	tion is required by 37 CF by the public which is to a s governed by 35 U.S.C. as to complete, including	nic (and by the USPIO t 122 and 37 CFR 1.14. The rathering, menaring, and s	o process) and s collection is submitting the		000001
ompicied application tone ase. Any comments on uggestions for reducing the faicule and Tradenark (	is to the USP10, time we the amount of time you his burden, should be sent Office. U.S. Department	ill vary depending upon to require to complete this to the Chief Information of Commerce. Alexand	the individual form and/or Officer, U.S. Ina. Virginia		SSANDAR1 00000001 500554
END TO: Conmissioner	for Patents, Alexandria, Vi	ginia 22313-1450.	ADDRESS.		
inger the Puperwork Recollection of information of	duction Act of 1995, no nless it displays a valid OM	persons are required to B control number.	respond to a		
		TRANSMIT THIS	FORM WITH FELES)		8 5

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004, OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCIA

Received from < 650 712 0283 > at 10/10/03 5:38:17 PM [Eastern Daylight Time]

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents Alexandria, Virginia 22313-1450 (703)746-4000

**Fax** 

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fccs will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CURRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: A certificate of mailing can only be used for domestic mailings of the 7590 08/12/2003

HAYNES BEFFEL & WOLFELD LLP P O BOX 366 HALF MOON BAY, CA 94019

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sue Bremaghim	(Depositor's name)
// Prorrag m	(Signature)
//10 October 2003	(Date)
<i>T</i>	

APPLICATIO	ON NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/923,0	512	09/04/1997	SETHURAMAN SURESH	SF/0014.01	2793

TITLE OF INVENTION: SYSTEM AND METHODS FOR SYNCHRONIZING INFORMATION AMONG DISPARATE DATASETS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	-6650- 660	11/12/2003
EXAM	INER	ART UNIT	CLASS-SUBCLASS		
CHANNAVAJJAI	LA, SRIRAMA T	2177	707-206000		
CFR 1.363).  ☐ Change of correspond	nce address or indication of		2. For printing on the pate the names of up to 3 regis or agents OR, alternativel single firm (having as a	stered patent attorneys y, (2) the name of a	ST J. BEFFEL, JR
Address form PTO/SB/122) attached.    "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorney or agent) and the registered patent attorneys is listed, no name will be pr	ne names of up to 2 2 WOLFI or agents. If no name	ELD LLP
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO	BE PRINTED ON THE	PATENT (print or type)		,
PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNE	I to the USPTO or is being	submitted under separate	If appear on the patent, Inclucover, Completion of this for SIDENCE: (CITY and STAT	ision of assignee data is only appropr rm is NOT a substitute for filing an as E OR COUNTRY)	iate when an assignment has signment.
STARFISH SOF	TWARE, INC.		SCOTTS VALLEY	, CA	
Please check the appropriat	e assignee category or cate	gories (will not be printed	on the patent) 🔲 indiv	vidual XX corporation or other private	group entity    government
4a. The following fee(s) are	enclosed:	4b. Pay	ment of Fee(s):		
XX XXIssue Fee		□ A che	eck in the amount of the fee(	s) is enclosed.	
☐ Publication Fcc	i/):	•	ment by credit card. Form PTO-2038 is attached.		
			Commissioner is hereby auth Account Number <u>50 - 05</u>	orized by charge the required fee(s), o 54 (enclose an extra copy of the	r credit any overpayment, to is form).
Commissioner for Patents is	s requested to apply the Iss	sue Fee and Publication Fe	e (if any), or to re-apply any	previously paid issue fee to the applic	ation identified above.
other than the applicant;	d Publication fee (if requestions of the United States	agent; or the assignee or	ffel, Jr.		
obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT 5	ation is required by 37 Cl by the public which is to y is governed by 35 U.S.C ites to complete, including in to the USPTO. Time the amount of time you this burden, should be ser Office, U.S. Departmen SEND FEES OR COMP! for Patents, Alexandria, V	of file (and by the USP10 L122 and 37 CFR L14. To gathering, preparing, and will vary depending upon a require to complete that to the Chief Information to the Commerce, Alexa LETED FORMS TO TH	to process) an his collection is a submitting the term and/or on Officer. U.S.		

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.